

PATENT
Docket No.

Client Ref.

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY/DESIGN PATENT APPLICATION**

AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT:

My residence, citizenship, and post office address are as stated below next to my name.

I believe I am the original, first and sole (or joint, if more than one name appears below) inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Compatible Optical Pickup Using Beams Of
Different Wavelength Easy To Assemble And Adjust

the specification of which:

☒ is attached hereto.

☐ was filed on _____ as application serial No. _____ and was amended
on _____ (if applicable).

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

I acknowledge and understand that I have a duty to disclose information which is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §§ 1.56(a) and (b).

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of the foreign application(s) for patent indicated below and have also identified below the foreign applications for patent or inventor's certificate on this invention having a filing date before that of the application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Country/International	Application No.	Date of Filing (day/month/year)	Priority Claimed?
Japan	2002-187799	27/06/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
Japan	2003-142091	20/05/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
			<input type="checkbox"/> Yes <input type="checkbox"/> No.
			<input type="checkbox"/> Yes <input type="checkbox"/> No.
			<input type="checkbox"/> Yes <input type="checkbox"/> No.

I hereby claim benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date

I hereby claim benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §§ 1.56(a) and (b) set forth above which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

I hereby appoint the following attorneys and agents to prosecute that application and to transact all business in the Patent and Trademark Office connected therewith and to file, to prosecute and to transact all business in connection with all patent applications directed to the invention:

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Please direct all telephone calls to Barry E. Bretschneider at (202) 887-1500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

11, Jun, 2003

Date

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Date

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Residence:

Citizenship:

Post Office Address:

Date

Name:

Residence:

Citizenship:

Post Office Address:

Date

Name:

Residence:

Citizenship:

Post Office Address: